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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2605 CERTIFICATE OF DEATH

Rea.		11	9	5	5	12/
Red.	Dist	No.	hu	17	0	4

						Ke	J. DIST. 140.	
1. PLACE OF DEATH			0	SUAL RESIDENCE (V	Vhere deceased li	ved. If institution: Ri	esidence before	odmission)
	2CESTER	MAR	YLAND	MID		1/10	REE	STOR
B. CITY OR TOWN	(If outside corporate limits, v	write c. LENGTH OF STA	Y IN 1b c	CITY OR TOWN (II	oulside corporati	e limits, write RURAL	and give neare	st lown)
1 %	ERLIN	2011	es X	BIER	LIIV			
d. NAME OF HOSPI	TAL (If not in hospital, give	street oddress)	150	STREET ADDRESS			e,	IS RESIDENCE
OR INSTITUTION							,	ON A FARM? YES NO X
3. NAME OF DECEASED	First	Widd	. 0	loit	4. DATE OF	Month	Doy	Year
(Type or print)	SAMUE	EL E	13	RUNO	DEATH	FEB.	7	1958
S. SEX ·	6. COLOR OR RACE 7.	MARRIED NEVER MARE	HED B. DA	TE OF BIRTH	9.			UNDER 24 HRS.
Part	WW	IDOWED DIVORC	ED []	ING 12,	1917	HOYES. Mo	oths Doys I	Hours Min.
100. USUAL OCCUPATI	ON (Give kind of work don	e 106. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign coun	try) [1	. CITIZEN OF	WHAT COUNTRY?
FORE!	rking life, even if retired)	FISH DO	Car.	OLD F	URGE	PA	11.5	A
13. FATHER'S NAME	3 FEIN	111211 -0		MOTHER'S MAIDEN	NAME			-
C	- Ban			ANNA	1	200110		
3 A M U	ER IN U. S. ARMED FORCES		O. 17, INFOR		1 5	Address	1	
[Yes, no, or unknown]	(If yes, gave wor or dates of service	9 10 0 16 6	11-1-120	2	B.	Address	A	ALOF.
15	1994-199	9/63-18-	6 OLAN	- PAMUE	L URU	110 12 G	2-1N/	10 K. 1-1
		per line for (a), (b), and (c	1-]	CL	- /	1 - 1		VAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Capouros	nu '	VIan	are		1	200
151	V DUE TO	0	7	-	-			
Conditions, if	ny which)	Denlan	Luco	mehas	ras	ر ا	7	->4-4
gave rise to	immediale Dur TO	740000000	1				- 3	
lying couse last.	tue nuces.							
		IONS CONTRIBUTING TO D	EATH BUT NOT I	SELATED TO THE TEN	MINIAL DISEASE	ONDITION GIVEN IN	1 PAPT 1(n) 10	WAS ALITOPSY
2608	10. 10	Tra 2000 11	. 7.	mil	1.0	and the second	. 1	PERFORMED?
S ACCIDENCE AND	Mexaco	DESCRIPTION OF THE PROPERTY OF	occuped it		2 11 12 11	Y	Y	ES NO
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER]	b. DESCRIBE HOW INJURY	OCCURRED. (EN	er nature of injury ii	n ram i or ram g	or item is.j		
3 20c. TIME OF INJU	RY Month, Day, Year	20d. INJURY OCCURRED		F INJURY (Home, fa		lown)	(County)	(Stole)
20c. TIME OF INJU		While Not while at work at work	factory,	treet, office bldg., e	·tc.)			
		0.11	21.	· 57.	2/1 3	w/.		
21. I certify t	hat I attended the de		nh	, 19,2 L, 10_1				the deceased
alive an_C_	4-)	19/7 and tho	it death acci	irred at		the causes and		
	1.1	1 // 11	1	0	ADDRESS (Street	et, city or lawn, state		DATE SIGNED
ACTUAL SIGNATURE	Bunus	on recent	M.D.	130	ulen	me		41/2/2
PHYSICIAN'S NAME (Type)	/							
220. BURIAL CREMATIC	ON, 225. DATE THEREOF	22c. NAME OF CEL	METERY OR CRE	MATORY	22d. LOCATIO	N (City, town, or car	enty)	(State)
REMOVAL (Specify		-C/	GREE		1 /2	FRLIN		MD.
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	0 · v	24a. RE	C'D BY REGISTRA	R 24b. REGISTRAF	'S SIGNATURE	
Anna	- va Jalun	rage Del	un 1	DATE_		0 /	F 17	
					8 1 3 58	w.t.	such	-

CEPTIFICATE OF DEATH.

RUKEAU V. A.

DECEINED STO

EEB 13 1828

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2696 CERTIFICATE OF DEATH filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNT COUPLY MARYLAND death. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearestatown) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 00 3. NAME OF Middle 4. DATE Last DECEASED OF DEATH (Type or print) 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH WIDOWED TH DIVORCED T popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF DISINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most allowarking life, even if retired) aiserer above Mulking 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME COF WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INSORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c) UL MOWA **DUE TO** Conditions, if ony, which ! gave rise to immediate DUE TO 8 cause (a), stating the underlying souse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lown) 20d. INJURY OCCURRED Day, Year Hoor o. #1. factory, street, affice bldg., etc.) While Not while at work at work p. m. 21. I certify that I attended the deceased from and that death occurred at ____ ACTUAL SIGNATURE 104 Bay Street

0 VS A15 (4) 15M 9/55

PHYSICIAN'S

NAME (Type)

220. BURHAL, CREMATION.

EMOVAL (Specify)

FUNERAL-DIRECTOR'S SIGNATURE

obert 6.

LaMar

MATE THEREOF

INTERVAL BETWEEN ONSET AND DEATH DAY CARDIOVASCULAR DISENSE PERFORMED? YES NOTE (County) (State) ____that I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Snow Hill. Md. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county, (State) 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATEFEB

Reg. Dist. No.2588

Day

Days

Manths

Address

e. IS RESIDENCE

Haurs

12. CITIZEN OF WHAT COUNTRY?

ON A FARM? YES NO

Year

195

BUREAU V. S

CESTIFICATE OF DEATH

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DECEIN

BUREAU V. &

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RECEIVED

		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
· Comment	1		2607 CERTIFICATE OF DEATH Reg. Pist. No. 2590
Filed will		1.	LACE OF DEATH COUNTY (SUCCESSED) AMERYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Revidence before admission) b. COUNTY (COUNTY
d be		-	TITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
2 should	00		I. NAME OF HOSPITAL (If no) in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO YES NO
0		3.	AME OF FIRST Middle Dost A. DATE Moggi Day Year
papers. Pages 1	2	5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours IFUNDER 1 YEAR IF UNDER 24 HRS.
papers.	19		WIDOWED DIVORCED MILES OF INDUSTRY 11. EIRTHPLACE (Slate or fareign country) 12. CITIZEN OF WHAT COUNTRY OF WARRING Se, even if retired)
on pay			- Clusicife bun fame Tobbinstchillaucistational
ve carl			William J. Robbins Francis Coales
72 hou			NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (IT yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (IT yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (IT yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (IT yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (IT yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (IT yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (IT yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (IT yes, give wor or ladies of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (IT yes, give wor or ladies of service) 17. INFORMANT (IT yes, give wor or ladies of service) 18. SOCIAL SECURITY (IT yes, give wor or ladies of service) 18. SOCIAL SECURITY (IT yes, give wor or ladies of service) 18. SOCIAL SECURITY (IT yes, give wor or ladies of service) 18. SOCIAL SECURITY (IT yes, give wor or ladies of service) 18. SOCIAL SECURITY (IT yes, give wor or ladies of service) 18. SOCIAL SE
please			18. SAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
event		Н	442 × DUE TO
n ony			gove rise to immediate DUE TO Canditions, if any, which gove rise to immediate DUE TO DUE TO
andi		z	Equise (a), stoling the under- lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY
naval,	0	CATIO	unclussified (frimary ariema YES NO
or re		CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
emolion,		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. gs. While at work of
iol, cr			21. I certify that I attended the deceased from 1945, 19 to 1/58, 19 that I lost saw the decease
to bur	,		alive on 19 and that death accurred at 6:00 AM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNE
prior	- /		ACTUAL Gaul Cohen M.D. Snow file Md Yilfy
gistra	/	1	PHYSICIAN'S NAME (Type) #0 PRIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY, OR GREMATORY A
poge the re	(1	final of 13/38 Spring Villamity Virallies ma
(4) 55	no.	23.	address in address in address with the second of the secon
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CERTIFICATE OF DEATH

BORLAU V. S.



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	2698 CERTIFICATE OF DEATH Reg. Dist. No. 12591
M	1. PLACE OF DEATH O. COUNTY ORCUSTO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Repidence before admission) b. COUNTY ORCUSTO MARYLAND
Cent	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAIT IN 16 RURAL and give nearest town) RURAL and give nearest town
37. 7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION O. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Porman W. Jahnson Death Out 36 1938
	5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED N. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED DIVORCED 10/0/2 2 1889 6. COLOR OR BACE 7. MARRIED NEVER MARRIED N. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11_BIRTHPLACE (Stole or Joreign country) 12. CITIZEN OF WHAT COUNTRY during plost of working life, even if refired)
	13. FATHER'S NAME WISHMOON 14. MOTHER'S MAIDEN NAME MINAGER
// ngurs	15. WAS DECEASED EVER HOTU'S. ARMSO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Stage Washington, De.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DOLLAR OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DOLLAR OF DEATH TO TO THE PART I. DEATH TO TO THE PART I. DEATH TO TO THE PART I. DEATH TO THE PA
ony event	Condition is any which Due to And Due to And Hungar
	gove rise to immediate couse (a), stating the under- lying couse last. (b) Character (b) The property of the course (b) Character (c) Course (c) Character
aval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER!
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. p. While Not while of work o
Š	21. I certify that I attended the deceased from 2-24-58, 19, to 2-26-59, that I last saw the decease
0 /	alive on 2-25-512 and that death occurred at 11-3 AM, from the causes and on the date stated abave ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE M.D. M.D. M.D. ACTUAL SIGNATURE
ord for	PHYSICIAN'S
registr (NAME (Type) 210 FURIAL, CREMATION, 27b. DATE THEREOF 225 NAME OF CEMETERY OF CREMATORY 22d. OCATION (City, fown, optounity) (Stote) REMOVAL (Specify)
2	23. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS / A
E	May & Dumis Snowfill mg DATE FEB 2 8 '58 Will reduch

CERTIFICATE OF DEATH

BUREAU V. B.

FEB 23 1958

OBAIRO TH

District regions around

CERTIFICATE OF DEATH 2609 Reg. Dist. No. director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · COUNTY File. b. COUNTY MARYLAND ero b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest/town) ъ d. NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION d. STRÉET ADQRESS a. IS RESIDENCE Rock ON A FARM? YES | NO TO DATE 3. NAME OF Middle Day Year DECEASED OF DEATH (Type or print) 195 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthday) yrs. Months Davi Hours WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) PALESMAN THEETRIC LTIMOR 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicio 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT Address GRUI oftending | 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** á Conditions, if ony, which Bued gove rise to immediate DUE TO couse (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTROL AND TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1191 19 WAS AUTOPSY PERFORMED? NO P 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED (County) (Stole) Haur a.m. factory, street, office bldg., etc.) While Not while at work of work 21. I certify that I attended the deceased from / 19 (a,that I last sow the deceased ta_oul AM, from the causes and an the date stated abave. and that death accurred of ed by ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 22g BURIAL CREMATION, 7228 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) GRU, N BURIAL 0 23 FUNERAL DIRECTOR'S SIGNATE **ADDRESS** 240, REC'D BY REGISTRAR 246 REGISTPAR'S SIGNATURE VS A15 (4) 15M 9/55

certificate

death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		2610 CERTIFICATE OF DEATH Reg. Dist. No. 11	2593
l director		1. PLACE OF DEATH a. COUNTY 1. OF STORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before or a STATE b. COUNTY VV 0 P.C.	dmission)
vneral oid be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RUR	
the f		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. 15	S RESIDENCE ON A FARM?
Filled i		3. NAME OF DECEASED (Type or print) VIR61E LEG MeCHBE DEATH FEB 177	Year 19 5 &
÷ 2		5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years F UNDER) YEAR IF L 1	UNDER 24 HRS.
		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) NORSE 12. CITIZEN OF W ORSE 12. CITIZEN OF W ORSE 12. CITIZEN OF W	SA,
corbo after	1	13. FATHER'S NAME JOSHUA MCCHBE MARCHART ANNETIM	MONI
ng physic remove 72 hours		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no of unknown) I'll yes, give wor or dotte of service) MRS CITARLES DINGIES BEFORE	ZIA, N
attending n please re within 72		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) LOUTE CONVEY The MASS (AUSE (a) LOUTE CONVEY	AL BETWEEN
by the t. The y even		La 1, Due to	
signed it permit		gave rise to immediate couse (a), stating the <u>under-lying cause lost.</u> (b) DUE TO (c)	
physicia as been altrons aval, an		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 VI PI	YAS ALTOPSY ERFORMED?
ending ph ficate has the burial or remay		200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
il or affi his certi use as emotion,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not white of work of work of work	{Stale}
haspita After the hed far rial, cre		21. I certify that I attended the deceased from 1820, 1977, to 7 19 18 that I last saw alive an FELL 1918, and that death accurred at 2-3 94M, from the causes and an the date s	
by the		ACTUAL SIGNATURE M.D. Berlin Reg	DATE SIGNED
Nou Tor pri		PHYSICIAN'S NAME (Type)	f-di-ff-\$
may be page 3 spage 3 s		220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 219157 ENGRESEN CERTIFICATION CITY COUNTY COUN	(Stote)
VS A15 (4)		23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	
18M 9/5S			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8-11 - E

BUREAU V. S.

2611 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH? 2 USUAL RESIDENCE (Whyse deceased lived. If institution, Revidence before admission) a. COUNTY o. STATE be filed b. COUNTY 131 MARYLAND deoth. eral b. CITY/OR TOWN (If puside surporate limits, write RURAL and give pearest town) LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside conforate limits, write RURAL and give nearest town) hould d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours YES NO T NAME OF 4. DATE Middle Last DECEASED (Type or print) DEATH 195 2 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HES lost birthday) Months: Days WIDOWED X DIVORCED [7yrs 10g. USUAL OCCUPATION (Give kind of work done of the done of the done of the done of the dotted of t 12 CITIZEN OF WHAT COUNTRY? offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician гетоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address offending 2 ease 18/ CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: _ IMMEDIATE CAUSE (o) **DUE TO** ٨ permit. ony Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO I 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ö 20c. TIME OF INJURY Month, Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Nat while at work at work p. m. 21. I certify that Lattended the deceased from 19____that I last saw the deceased and that death occurred at 100 alive on EM, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) MATERIAL URB PHYSICIAN'S NAME (Type) moy b. 220 BURIAL, CREMATION, 226. DATE THEREOF 22C NAME OF CEMETERY OF CREMATOR 22d. DOCATION (City/town_or county) (State) 0 ZJ. FUNERAR DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2 .V UAINUE 25/3-1/2 80-4

8351



TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERA

RECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 I

	2612 CERTIFICATE	E OF DEATH	Reg. Dist. No. 2595
1	1. PLACE OF DEATH D. COUNTY WORE ESTER MARYLAND 2	USUAL RESIDENCE (Where deceased lived. If institution a. STATE b. COUNTY)	
	b CITY OR TOWN (If autside carporate limits, write) c. LENGTH OF STAY IN 16 RURAL and give marest town) 358 LIN (RUPA) 85 VRS	C CITY OR TOWN (If autside carporate limits, mile RU	
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO N
3	3 NAME OF DECEASED (Type or print) EDV/ARD RICH	ARDSON 4. DATE Month FG	
5	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DA WIDOWED DIVORCED		FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min
L	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) LABORER BOAT VARP	BURLIN MO	12. CITIZEN OF WHAT COUNTRY?
1	CHARLES RICHARDSON	NELLIS KELLEY	
1100	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	TRS. EDVY PICHARDS	0 1/1
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PROPERTY OF THE COURT O	Ular Accident	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave tise to immediate (b) Afterno Scle	votre (VI)	10 years
,	couse (a), stating the <u>under-lying cause last.</u> DUE TO		9
CICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	I RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CLUSE OF DEATH	OF INJURY (Home, farm, 20f. (City or fown)	
COSVO	Haur a. m. p. m. 19 While Not white factory.	street, office bldg., etc.)	(County) (State)
	21. I certify that attended the deceased from alive on 1900, and that death occ	curred al 205 P.M. fram the causes an	that I last saw the deceased ad on the date stated above
l	ACTUAL SIGNATURE M.D	Octavi Cy Mo	Fb19,58
7	PHYSICIAN'S NAME (Type) 270. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CRE	SULTORY 224 INCATION (C.)	
	REMOVAL (Specify) BUR (174 2/21/59 EVERGES 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	GIV (EM BERLIN	(State) (State) .
	Anna A Burbage Bellen M	No. DATE FEB 2 1 '58 (12	Leouth

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

BUILTAU V. S.

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VS A15 (4) 15M 9/5S

MARYLAND	STATE	DEPARTMENT	OF HE	ALTH-	BALTIMOR	E, 18
0044						

2613 CERTIFICATE OF DEATH

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					vañ: Di:	ir. 140.	
1. PLACE OF DEATH	RESTER	MARYLAND	2 USUAL RESIDENCE	Where deceased lived. b.	If institution: Residen	ce before admission)
b. CITY OR TOWN (RURAL and give-	If outside carparate limits, write	c. LENGTH OF STAY IN 16	W. 0	If autside carporate limi	its, write RURAL and		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	address)	d. STREET ADDRESS			e. IS RESIDI ON A FA YES	ARM?
3. NAME OF DECEASED (Type or print)	EVA	Middle	ROBBIN:	4. DATE OF DEATH	1-63	Doy Yes 25 19	
5. SEX	6. COLOR OR RACE 7 MARE	DIVORCED [MAR, 17,	1874 8	(In years IF UNDER birthday) Months yrs.	TYEAR IF UNDER :	24 HRS _ Min
Ju C	ON (Give kind of wark done 10b. king life, even if retired) 1 5 6 VV 1 1 5 5	OVYN HOME	PER	LIN M.	7 12. CIT	U, SA	DUNTRY?
13. FATHER'S NAME EMOR			LUCY	MILLS			
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16.	21	EDITH PR	IDGNUY	Address ATLAN	(TICCIT	Y N
	ATH (Enter only one cause per lin ATH WAS CAUSED BY IMMEDIATE CAUSE (a)	le for (o), (b), and (c).	time He.	ut Si	sease_	ONSET AND DE	EATH
Canditions, if a	iny, which) (b)	Seml	tyl				5
gave rise to i cause (a), stating lying cause last.	the under- CC (c)						
5	HER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN PART	PERFORM YES N	ED?
THE EITHER, NOTIFY	MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	in Part I or Part II of ite	em 18.)		
ZOc. TIME OF INJUING Hour a. m. p. m.	While	NJURY OCCURRED 20e PL NoI while fa	ACE OF INJURY (Home, fo ctary, street, office bldg., a	erm, 20f (City or town atc.)	o) (C	County)	(State)
21. I certify the	rat I attended the decease	ed from $\frac{2}{5}$, and that death	1958, ta occurred at 4:30	PM, from the o	, 1950, that Li		
ACTUAL SIGNATURE	Evon U. W.	Evely &	M.D. Berli	ADDRESS (Street, city Md			SIGNED
PHYSICIAN'S NAME (Type)	Ivery U.	50114, Ja	MD (Berlin K	10		
220 BUR AL, CREMAT C REMOVAL (Specify)	DN, 226. DATE THEREOF	5. T. PAU	R CREMATORY	22d. LOCATION (CH		(State) MD	•
23 JUNERAL DIRECTOR	's signatures	e Bulus) 22d 240. RE	MAN 5	246 REGISTRAR'S SIG	NATURE?	



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BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) e. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (1 outside c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d NAME OF HOSP TAL OR INSTITUTION (F not in hospital, give street oddress) STREET ADDRESS ON A PARM? YES NO 3. NAME OF DECEASED Middle 4. DATE Month Year OF DEATH (Type or print) 9 AGE | " years 5. SEX 6 COLOR OR RACE MARRIED NEVER MARRIED S B DATE OF IF UNDER TYPAR IF UNDER 24 HRS Months Hours WIDOWED [DIVORCED [7] yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? and during most of working life, even I retired) _ABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges n PM3. KEETER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Office Conditions, if any, which gave rise to immediate cause DUE TO (a), staling the underlying couse last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Hem 18.) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) factory, street, office bldg , etc.) While Not while a.m. of work at work p m. 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection . Inquiry opinion death resulted from. Natural causes . Accident Suicide | | Homicide XI. Undetermined monner DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER M.D. SIGNATURE ASSISTANT MEDICAL EXAMINER DE **EXAMINER'S** shauld. DEPUTY MEDICAL EXAMINER NAME (Type) 22d LOCATION (City, town, or county) 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) ADDRES: 23 FÜNERAL DIRECTOR'S SIGNATÜRE 240 REC'D BY REGISTRAR L24b. REGISTRAR'S SIGNATURE VS A15ME



	2615 CEDTIFICATE OF DEATH
r se jin.	CERTIFICATE OF DEATH Reg. Djst. No. (12598)
B (W)	1. FLACE OF DEATH a. COUNTY COUNTY (COUNTY COUNTY COUNTY (COUNTY COUNTY COUNTY (COUNTY COUNTY (COUNTY COUNTY (COUNTY (COUNTY COUNTY (COUNTY (C
- eq pla	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give representation of Stay IN 16 Show Hell Rural#2 Shears
Sho	d. NAME OF HOSPITAL (If not/in hospital, give street address) or INSTITUTION e. IS RESIDENCE ON A FARM? YES \(\sum \nabla \sum \nabla \)
es 1 or	3 NAME OF DECEASED (Type or print) Signature of DEATH OF DEATH OF THE STATE OF DEATH OF THE STATE OF DEATH OF THE STATE OF THE OF THE STATE OF THE
2	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1011 pirthday) Months Days Hours Min
r death.	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY OF WHAT COU
of office of the state of the s	13. FATHER'S MAIDEN NAME! 14. MOTHER'S MAIDEN NAME! Lotte Stunger
72 haup	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT I'vis, no. or unada opp) I'll yes, give wor or doles of service) I'll yes, give wor or doles of service) I'll yes, give wor or doles of service)
within	18 CAUSE OF DEATH [Enter only one cause per hap for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
Then to event	14 4 2 × DUE TO (" Quesase Ing gross
d in an	Canditions, if any, which gave rise to immediate cause (a), stoling the <u>under-lying cause last.</u> Lying cause last.
vol, and	
Tempa .	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CONTRIBUTION
otion, c	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) While Not white
ol, crem	21. I certify that I attended the deceased from 5-8, 1956, to 2-7, 1957, that I last saw the deceased
ta burio	alive on, and that death occurred at S. M., fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED
r priar	SIGNATURE TWOODY U. Energy fr. M.D. (Birlin Wed 2/10/5
e 3 sho	PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22th DATE THEREOF 22th NAME OF CEMETERY OR CREMATORY 22d ROSCATION (City. Igwn. or county) (State)
poge the re	13. FUNGERAR DIRECTOR'S SIGNATURE . DADDRESS NO GLAG, REC'D 8Y REGISTRAR'S SIGNATURE
(4) 5S	Ellay 8 James Snow Will mg DATE
	- With educh

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MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18 2616 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) g. COUPO b. COMME THE RESERVE ŧ CITY OR LOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) å give nearest Jeyn) D trace d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF Middle Last 4. DETE Manth Day DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (tr. years 5. SEX 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Approx. 713 Months WIDOWED 2 DIVORCED | It Tikuczen 10a. LISTIM 20CCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? mos) of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ö ŧ Xevan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, cave wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate . i B **DUE TO** couse (a), stating the underansit lying cause last. PART II. OTHER SIGNIELCANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NOV 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Haur a. n. While factory, street, office bldg., etc.) Nat while at work at work p. m. 21. I certify that Lattended the deceased from 1952 that I last saw the deceased alive on_ and that death occurred at_____ M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN Robert C. LaMar, M.D. Snow Hill. Maryland 229 BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or coupty) (Stote) EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE **VS A15 (4)** DATEEB 6 15M 9/55

BUBEAU V. S.

DECEINED AND INC.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2617 **CERTIFICATE OF DEATH**

Reg. Dist. No. 26111

											*	
1. PLACE OF DEATH o. COUNTY	cester		MARYLAND		. STATE	ICE (When		d lived If instituti b. COUNTY			dmission)	
b. CITY OR TOWN (I RURAL and give no	outside corporate limits	, write	c. LENGTH OF STAY IN 16		CITY OR TOV	VN (If out	side corpo	prote limits, write R	URAL and g	ive nearest	lown)	
	and the same		lire	II y	X areline Ji							
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, gi	re street	address}	1	1 d STREET ADDRESS 6. IS RESIDENCE ON A FARM? YESY NO						N A FARM?	
3. NAME OF DECEASED	First		Middle		Lost	1	4 DATE	Mon	th	Day	Year	
(Type or print)	rEILCH		0.		TRADEF	3	OF DEATH	Februar	V	8	19 50	
5. SEX	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED	8. DA	TE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER		INDER 24 HRS.	
J. 7.	1.7.10	WIDOWE	DIVORCED	14,00	* ()	183%	7	71 yrs	Months	Days Ho	urs Min.	
10a USUAL OCCUPATION	ON (Give kind of work di king life, even if retired)	one 10b.	KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE	E (Slote o	foreign o	ountry)	12. CITI	ZEN OF W	HAT COUNTRY?	
housewife	a me, even it remedi				Marv	land	1			USA		
13. FATHER'S NAME				14.	MOTHER'S MA	AIDEN NA	ME					
Lloyd J.	Cutten				Hel i	e j.	" JE	776.				
15. WAS DECEASED EVE	R IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO 17.	INFOR	WANT			Add	ress			
9	· — —	aura1	A	p 2.	PU / CE		Tu. c	ice. Tu	C	**	4	
18. CAUSE OF DEA	ATH [Enter only one cou	se per lir	ne for (o), (b), and (c).]		- /			17 +7	-	INTERVA	L BETWEEN	
PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) ONSET AND DEATH ONSET AND DEATH											
dis												
	Conditions, if any, which) (b) Carlerasteterasis 10 3000											
	gave rise to immediate coese (a), stating the under											
lying cause lost.	(c).											
PART II. OTH	IER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH B	UT NOT	RELATED TO TH	E TERMIN	AL DISEAS	E CONDITION GIV	EN IN PART	I(o) 19 W	AS AUTOPSY	
CAI											NO	
U (IF EITHER, NOTIFY	LS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESC	CRIBE HOW INJURY OCCUR	RED (Ent	er nature of in	jury in Pa	ri i or Par	t II of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year 19		NJURY OCCURRED 200. Not while at work	PLACE O factory, s	F INJURY (Hon treet, office blo	ne, form, dg., etc.)	20f. (City	or town]	(C	ounty)	(Stote)	
21. I certify th	at I attended the	decease	ed fram.		1948	o E	-6-	S , 1958	Tithot I le	ast saw t	he deceased	
alive an	Febr 8	. 195	X, and that dea	th acc		P	M. from	n the causes of	ind on th	e dote «	tated above	
	17/2/	1).	-1-+					treet, sity-or town,		1	DATE SIGNED	
ACTUAL SIGNATURE(1,500	Loc	ecker	_M.D.	9	110	مندي	Uk-	1	11.	2,60	
PHYSICIAN'S NAME (Type)	J. E. U .	100	1.1.7.		17.	-	-	r	**			
220. BURIAL, CREMATIC REMOVAL (Specify)	2-11-58	3	Outlen Far		MATORY 7 Ceme			ral Poer	or county)	ì	State)	
23. FUNKAL DIRECTOR	s signature of	m	ADDRESS POC .		24	O REC'D	BY REGIST		TRAR'S SIG			
									-inil	<u></u>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 may be rate at by the hospital or attending physician.

TO FUNERA (XECTOR: After this certificate has been signed by the attending physician and completely filled (the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 in should be filed—with the regist may prive to burial, cremation, or remainal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

A W UAPLUCA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2 .V UABRUA BIARRIAN SERVICE STATES

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 2619 Reg. Dist. No. PLACE OF DEATH 2. USUAL SESIDENCE (Where deceased lived. If institution: Residence before admission) MARYLAND uneral CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If outside corporale limits, write RURAL and give nearest tawn) RURAL and give pearest town) O d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Day Year DECEASED OF (Type or print) 195 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours DIVORCED | WIDOWED -Tull 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) doing most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? dod er de armes after 13. FATHER'S NAME 14. MOTHER SMAIDEN NAME COL WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addoess 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BUIK **DUE TO** Conditions, if any, which] gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO C 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) 20d. INJURY OCCURRED (County) (State) Hour a. 11. factory, street, affice bldg., etc.) While Not white of wark al wark p. m. 21. I certify that I attended the deceased from 1950, that I last saw the deceased alive on 1 and that death occurred at 5.20 EM, from the causes and on the date stated above. by the CTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Bay Street **PHYSICIAN'S** Robert C. LaMar, M.D. Snow Hill. Maryland NAME (Type) 22a. BURIAL, CREMATION, 22b. DAJE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or sounty) (Stote) REMOVAL (Specify)

ADDRESS

24a. REC'D BY REGISTRAR

DATEEB

246. REGISTRAR'S STOSIATURE

death.

HOSPITAL

0

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

